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Atty Docket No. 015358-004240US

PTO FAX NO.: 1-571-273-8300

ATTENTION: Examiner Joshua D. Campbell

Group Art Unit 2178

OFFICIAL COMMUNICATION**FOR THE ATTENTION OF****EXAMINER****JOSHUA D. CAMPBELL****CERTIFICATION OF FACSIMILE TRANSMISSION**

I hereby certify that the following documents in re Application of Jamey Graham et al., Application No. 09/636,039, filed August 9, 2000 for TECHNIQUES TO FACILITATE READING OF A DOCUMENT are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Documents Attached

1. PTO/SB/21 Transmittal Form (1 page)
2. PTO/SB/17 Fee Transmittal Form (orig. + 1 cc., 2 pages)
3. Information Disclosure Statement (2 pages)
4. PTO/SB/08A and PTO/SB/08B (2 pages)

Number of pages being transmitted, including this page: 8

Dated: May 31, 2007



Christopher R. Fitting

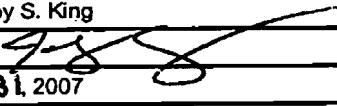
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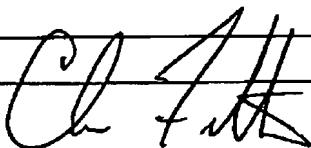
TOWNSEND and TOWNSEND and CREW LLP
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San Francisco, CA 94111-3834
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Fax: 650-326-2422
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/636,039
		Filing Date	August 9, 2000
		First Named Inventor	Graham
		Art Unit	2178
		Examiner Name	Campbell, J. D.
Total Number of Pages in This Submission	8	Attorney Docket Number	015358-004240US

ENCLOSURES (Check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form (orig. + 1cc.) <input type="checkbox"/> Fee Attached <input type="checkbox"/> Communication <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. Facsimile transmittal coversheet	
<input type="checkbox"/> Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Townsend and Townsend and Crew LLP Jeffrey S. King	
Signature		
Date	May 31, 2007	

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, Fax No. (571) 273-8300 on May 31, 2007.		
Typed or printed name	Christopher R. Fitting 	
Signature		Date May 31, 2007

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PTO/SB/17 (12-04)

Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 180.00)

Complete If Known

Application Number	09/636,039
Filing Date	August 9, 2000
First Named Inventor	Graham
Examiner Name	Campbell, J. D.
Art Unit	2178
Attorney Docket No.	015358-004240US

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____
 Deposit Account Deposit Account Number: 20-1430 Deposit Account Name: Townsend and Townsend and Crew LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments
 under 37 CFR 1.16 and 1.17

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Small Entity

Fee (\$) Fee (\$)

50 25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

200 100

Multiple dependent claims

360 180

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>
-20 or HP =	x	\$	\$0	<u>Fee (\$)</u> <u>Fee Paid (\$)</u>

HP = highest number of total claims paid for, if greater than 20

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Fee (\$)</u> <u>Fee Paid (\$)</u>
-3 or HP =	x	\$	\$0	_____

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 =	/ 50 =	(round up to a whole number) x	=	_____

4. OTHER FEE(S)

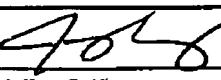
Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

Other: Information Disclosure Statement (After office action)

180.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 58,791	Telephone (650) 326-2400
Name (Print/Type)	Jeffrey S. King		Date May 31, 2007

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MAY 31 2007

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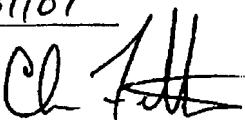
Attorney Docket No.: 015358-004240US
Client Reference No.: ID-RSV-234I hereby certify that this correspondence is being sent by facsimile
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at Fax No.: 1-571-273-8300

On

5/31/07

TOWNSEND and TOWNSEND and CREW LLP

By: 

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

JAMEY GRAHAM et al.

Application No.: 09/636,039

Filed: August 9, 2000

For: TECHNIQUES TO FACILITATE
READING OF A DOCUMENT

Group Director: 2178

Confirmation No.: 5597

Examiner: Joshua D. Campbell

Art Unit: 2178

SUPPLEMENTAL INFORMATION
DISCLOSURE STATEMENT UNDER 37
CFR §1.97 and §1.98Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

The references cited on the attached PTO/SB/08A form are being called to the attention of the Examiner. Copies of the references are not enclosed. It is respectfully requested that the cited references be expressly considered during the prosecution of this application, and the references be made of record therein and appear among the "references cited" on any patent to issue therefrom.

As provided for by 37 CFR 1.97(g) and (h), no representation is being made that a search has been conducted or that this statement encompasses all the possible relevant information, and no inference should be made that the information and references cited are, or are considered to be material to patentability because they are in this statement. No inference

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JAMEY GRAHAM et al.
Application No.: 09/636,039
Page 2

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should be made that the information and references cited are prior art merely because they are in this statement.

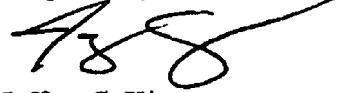
This IDS is being filed on or before payment of the issue fee.

CERTIFICATION

I hereby certify that no item of information contained in the Information Disclosure Statement filed herewith was cited in a communication from a foreign patent office in a counterpart foreign application, and, to my knowledge after making reasonable inquiry, no item of information contained in this Information Disclosure Statement was known to any individual designated in 37 CFR 1.56(c) more than three months prior to the filing of this Information Disclosure Statement.

Please charge the IDS fee of \$180 to Deposit Account No. 20-1430. Please deduct any additional fees from, or credit any overpayment to, the above-noted Deposit Account.

Respectfully submitted,



Jeffrey S. King
Reg. No. 58791

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JSK:crf

61064461 v1

<p>Substitute for form 1449A/PTO</p> <p>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</p> <p><i>(Use as many sheets as necessary)</i></p>		Complete if Known	
		Application Number	09/636,039
		Filing Date	August 9, 2000
		First Named Inventor	Graham, Jamey
		Art Unit	2178
		Examiner Name	Joshua D. Campbell
Sheet	1	of	2
		Attorney Docket Number	
		015358-004240US	

Examiner Signature		Date Considered	
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¹EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. ² Applicant's unique citation designation number (optional). ³ Kind Codes of U.S. Patent Documents at www.uspto.gov or MPEP 901.04. ⁴ Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). ⁵ For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. ⁶ Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 18 if possible. ⁶ Applicant is to place a check mark here if English language Translation is attached.

PTO/SB/08B (07-06)

Substitute for form 1449B/PTO				<i>Complete if Known</i>	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT				<i>Application Number</i>	09/636,039
				<i>Filing Date</i>	August 9, 2000
				<i>First Named Inventor</i>	Graham, Jamey
				<i>Art Unit</i>	2178
				<i>Examiner Name</i>	Joshua D. Campbell
<i>(Use as many sheets as necessary)</i>				<i>Attorney Docket Number</i>	015358-004240US
Sheet	2	of	2		

Examiner Signature		Date Considered	
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***EXAMINER:** Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached.

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